



# IDAHO DEPARTMENT OF HEALTH & WELFARE

## The Medicare-Medicaid Coordinated Plan

Through modernization, Idaho Medicaid has implemented the Medicare-Medicaid Coordinated Plan beginning April 1, 2007. This new benefit plan gives participants that are eligible for both Medicare and Medicaid an additional option for managing their benefits.

This benefit plan, called the Medicare-Medicaid Coordinated Plan, provides coordination of benefits and expanded coverage and selection of providers in the areas of vision, hearing, dental, and prescription drug services (includes non-Medicare Part D drugs that Medicaid currently covers).

Below are some frequently asked questions about the program:

### ***Who can participate?***

Medicaid participants enrolled in both Medicare Part A and Part B (full dual-eligibles) and over the age of twenty-one (21) may choose to sign up for this plan if Blue Cross or United Healthcare offers a Medicare Advantage Plan in their county.

### ***How does a participant sign up?***

If a participant is interested in this plan, the participant must contact Blue Cross or United Healthcare to determine whether they offer a Medicare Advantage Plan in their county. The participant should consider the following when choosing this option:

- Whether the Medicare Advantage Plan covers their drugs and whether their pharmacy is contracted with the plan.
- Whether their current Healthy Connections doctor is a contracted provider under the Medicare Advantage Plan they choose. If they are, the participant has to follow the Medicare Advantage Plan regulations to continue to obtain their services. If they are not, the participant may choose to continue to see them even though they are not a contracted provider with the Medicare Advantage Plan, but they will be responsible to pay the doctor for any services not covered by the Medicare Advantage Plan.

Blue Cross or United Healthcare will provide benefit plan information directly to the participant once they have selected a Medicare Advantage Plan.

### ***How is a participant going to let the provider know what plan to bill?***

The participant will show their Medicare Advantage Plan and Medicaid cards to the provider and the provider will bill for services to the appropriate plan.

### ***What about the participant's plan premium or co-pay amounts?***

The participant does not have to pay any premium for enrolling in a participating Medicare Advantage Plan. The participant will not have to pay co-pay amounts when they obtain services from a provider that is contracted with the Medicare Advantage Plan. For prescription drugs, co-pay amounts will still apply.

### ***When and how does a participant cancel their participation in the Medicare-Medicaid Coordinated Plan?***

The participant may cancel their participation in the Medicare-Medicaid Coordinated Plan at any time. The participant must contact the Medicare Advantage Plan that the participant is signed up with and cancel the plan. The coverage under the plan continues until the end of the month in which the participant cancels. The participant's Medicaid coverage will revert back to the Medicaid Enhanced Plan on the 1<sup>st</sup> of the month following the month the participant's Medicare Advantage Plan coverage ends, as long as they are still eligible for Medicaid.